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ABSTRACT

Treatment programs dealing with alcoholism have historically been staffed primarily by nondegreed professionals. The recovered alcoholic, usually without an advanced degree, continues to occupy an almost unequaled role. This project describes an attempt to design meaningful, useful training for these alcoholism counselors. Intensive personal interviews were used to collect data on training, duties, required skills and typical problems from counselors and directors at 40 San Francisco Bay Area alcoholism agencies. After site visits were completed, all data was analyzed and a tasks and skills model containing 276 separate counselor competencies was created. This model was then reviewed by all the directors in the Bay Area sample as well as by experienced alcoholism agency directors across the country, and specifications for training in 14 areas were composed. To date, six modules have been developed based on skill cluster areas identified in the training specifications. These are: (1) What the Counselor Needs to Know: An Overview of Alcohol and Its Effects; (2) Communication and Self Awareness Skills for Alcoholism Counselors, Part 1; (3) Individual Counseling for Alcoholism Counselors, Part 2; (4) Group Counseling for Alcoholism Counselors; (5) Family Counseling for Alcoholism Counselors. (Author)

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TITLE: COMPETENCY TRAINING FOR ALCOHOLISM COUNSELORS

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THE NEED

Alcoholism treatment efforts have expanded greatly over the past several years, both in terms of facilities and manpower. Historically, alcoholism treatment programs have been staffed primarily by non-degreed professionals. This trend has been reinforced by a general increase in the use of non-degreed professionals throughout the healthcare fields--an increase motivated by time and money constraints, limited availability of professionals with advanced degrees, and growing acceptance of interdisciplinary team approaches.

The existence of this large group of non-degreed professionals in the alcoholism field requires the development of training programs appropriate to their particular needs--both in terms of the content of the training and the mode of presentation. Unfortunately, much of the training developed for this purpose has been wasteful and inappropriate. Training content has frequently been developed from a priori assumptions, borrowed traditions from the degreed professions, and armchair conclusions. The training programs have not been systematically designed to develop the knowledge and skills specifically required or to permit cost effective presentation in convenient inservice and pre-service settings.

Appropriate and empirically relevant training is needed. The delivery of such training to the non-degreed professional is a priority need.

THE EMPIRICAL BASIS

In January 1975, we began a 2-year NIAAA funded project designed to avoid these common problems in the design and development of training. As a first step we set out to empirically examine current and anticipated non-degreed

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professional tasks and required skills. And, from this, to derive a set of specifications for training which would be empirically rather than intuitively based. At the same time, this close, first-hand acquaintance with functioning alcoholism programs would provide information relevant to the development of acceptable and realistic modes of presentation and dissemination.

Preliminary data were collected by means of a mail survey of 209 San Francisco Bay alcoholism agencies. Subsequently, 40 representative agencies were selected from the 209 agencies identified across five target counties for site visits and detailed data collection. This procedure involved intensive 2-hour personal interviews with agency directors and selected non-degreed counselors, combined with critical incident records and observations to yield data on topics including:

- Training and prior experience for counselors.
- Current duties, including proportion of time spent on each class of duty.
- Skills required for major tasks performed.
- Typical problems or deficiencies due to lack of appropriate training.
- Initial problems encountered when first starting on job.
- Counselor's judgements of characteristics of clients easy to work with, and characteristics of those difficult to work with.
- Decisions for which counselor has responsibility, and those which must be referred to others.
- Kinds, frequency and source of feedback available about own job performance.
- Comparison of ideal job setting with present job setting.
- Most useful training experiences, when and in what mode they should be most appropriately received.

- On-the-job experiences that were most helpful in developing skills.
- Priorities for training desired in the future.
- Anticipated and desired changes in job roles.

Criteria for Training

After site visits were completed, all data was analyzed and a Tasks and Skills Model containing 276 separate counselor competencies was created.

This model was then reviewed by experienced alcoholism agency directors across the country, revised, and utilized to create initial specifications for training in 14 task areas. The areas include individual counseling, group counseling, intervention with families, community liaison and staff interaction. Outcomes in terms of trainee performance, instructional strategies and materials, and measures to assess achievements were specified in each task area.

At this point, before the development of actual modules, it was necessary to arrive at an optimal training format based upon the data which had been collected regarding the target audience and their work setting. The criteria which we adopted required that the training be:

1. Exportable. Alcoholism treatment programs are widespread and decentralized. Training must be exportable and not tied to one or a few permanent locations.

2. Experiential. The skills to be taught are not primarily cognitive. The training must be experiential and involving, not paper and pencil.

3. Task reference based. Non-degreed professionals frequently do not possess sophisticated academic skills. Training materials must be based on sound principles of counseling and behavior change, but the concepts must be transposed into the trainees' own frame of reference and firmly based on relevant task references.

4. Enjoyable - non-threatening. The type of training that contributes to the development of an effective counselor frequently requires significant attitude and behavior shifts in the trainees. Trainees must be able to perceive the training as enjoyable and supportive so that they will freely invest themselves in the training process and risk trying new skills.

5. Suitable for use inservice training. Because of the dynamics of recovery, many recovering persons contemplate, even if only briefly, a career in alcoholism counseling. Many of these initially motivated individuals never actually enter the profession because they are judged emotionally unready, develop other interests, or simply cannot find jobs. On the other hand, most existing staffs are struggling to develop their competencies without the advantage of meaningful formal training. It is economical to focus training efforts at the inservice level.

6. Modular - flexible scheduling. The desirability of inservice use suggests the need for a flexible format which can adapt to the scheduling constraints of a wide range of functioning agencies.

7. Low cost. Small agencies with low operating budgets are only able to take advantage of low cost training. Choice of media must be influenced by the need to produce inexpensive training materials. Moreover, it must be possible to train local people to facilitate the actual training since imported, expert facilitators carry a prohibitive price tag.

The Modules

Using a development-tryout-revision-field test-revision sequence, the initial project has produced six completed modules based on the skill cluster areas identified in the training specifications, these are:

1. What the Counselor Needs to Know: An Overview of Alcohol and Its Effects
2. Communication and Self Awareness Skills for Alcoholism Counselors
3. Individual Counseling for Alcoholism Counselors, Part 1
4. Individual Counseling for Alcoholism Counselors, Part 2
5. Group Counseling for Alcoholism Counselors
6. Family Counseling for Alcoholism Counselors

Each module involves a minimum of 15-18 hours of participant time and is currently designed to be the equivalent of one unit of college credit.

Modules are also designed to be sufficiently self-contained with directions included for both participants and facilitators to enable a wide range of individuals to successfully facilitate the training.

The complete packages include separate participant and facilitator manuals, audio and visual aids and evaluative materials.

Conceptually, the modules are designed to create maximum participant involvement and place major emphasis on class time practice of specific skills. Every conceptual block is consolidated through participant exercises immediately following the presentation of the concept. Audiotaped materials are used to illustrate client positions and possible counselor responses and to provide client material on which the participants can practice the skills they are learning.

Written exercises, small group discussions and videotaped practice are also included in the training design.

Field Testing and Dissemination

In addition to a series of pilot tests at San Jose State University, materials have been field tested in a number of

Bay Area agencies, including the Women's Rehabilitation Association in San Mateo, the county network of alcoholsim agencies in Alameda County, the Veterans Administration Hospital in Menlo Park, and the Suicide Prevention & Crisis Center of San Mateo County, in Burlingame. The materials have been well received on all field tests, and, in addition, have excited considerable interest during the limited number of public presentations so far undertaken by project staff.

As a consequence of two such presentations, the staff have been invited to Aurora, Illinois, where they will train a group of trainers for CAP Alcoholism Programs in Aurora in January, 1977, and they have also received a statewide contract to train trainers for the California State Office of Alcoholism in late Spring, 1977.

The general consensus has definitely been that these materials are highly acceptable to the alcoholism community and fill a felt need for accessible, meaningful training. The time is now ripe, it seems to us, for further efforts which can insure the widespread dissemination and use of these materials.